

Request for Extension to File Information Returns on Magnetic Media.

Firm Name:				Date:	Date:	
Mailing Address:				Federal EIN:		
City/State/ZIP Code:				Waiver Reque		
Contact Name:		Title:		Telephone Nu		
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I request aday extension past the	ne filing deadlin	e to file inforn	nation returns	on magnetic medi	a.	
Note: Request must not exceed 90 days.						
Request involves return types:	1098	1099	5498	W-2G		
If other, please identify type(s):						
Briefly explain your need for an extension:						
The approval of this extension is only payer/employer is still obliged to provi						
due dates of May 31 for Form 5498 a on a Saturday, Sunday or legal holida	nd January 31	for all other in	nformation retu	irns. If the corresp		
Under penalties of perjury, I declare the best of my knowledge and belief				any accompanying	statements, and, to	
Signature:		Title:			Date:	